

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 19603/2986				
<p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p> <p style="font-size: small; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p>	In re Application of Qiu et al.					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Application Number 09/766,348</td> <td style="width: 40%; padding: 2px;">Filed 01/19/2001</td> </tr> </table>		Application Number 09/766,348	Filed 01/19/2001		
	Application Number 09/766,348	Filed 01/19/2001				
	For HYPERSENSITIVE RESPONSE INDUCED RESISTANCE IN PLANTS BY SEED TREATMENT					
Group Art Unit 1638	Examiner Anne R. Kubelik					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ _____ <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) \$ _____ <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) \$ <u>1050</u> <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) \$ _____ </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet. </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____. </div> <div style="margin-left: 100px; margin-top: 10px;"> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> _____ /Edwin V. Merkel/ Signature </td> <td style="width: 50%; text-align: center;"> _____ January 28, 2008 Date </td> </tr> <tr> <td style="text-align: center;"> _____ Edwin V. Merkel Typed or printed name </td> <td style="text-align: center;"> _____ (585) 263-1128 Telephone Number </td> </tr> </table> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			_____ /Edwin V. Merkel/ Signature	_____ January 28, 2008 Date	_____ Edwin V. Merkel Typed or printed name	_____ (585) 263-1128 Telephone Number
_____ /Edwin V. Merkel/ Signature	_____ January 28, 2008 Date					
_____ Edwin V. Merkel Typed or printed name	_____ (585) 263-1128 Telephone Number					
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.						

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